Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	I on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Jeanne Tribou	M M / D D / Y Y Y Y
Mailing Address 22369 Ponderosa Dr.	08 19 2014 Amount
City State Zip Code	30.00
Mandeville LA 70471	Transaction ID: 209e4e2c-0309-45ac-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	08 19 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbute 2014	ursement For:
Full Name of Payee  Jeanne Tribou	Date of Public Distribution/Dissemination
	08 / 19 / 2014
Mailing Address 22369 Ponderosa Dr.	Amount
City State Zip Code	7.80
Mandeville LA 70471	Transaction ID : bffd756f-1f06-41e6-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	08 / 19 / 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	37.80
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
24.0	08 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Scl	hedule E)	EXI ENDI	101120		PAGE 2 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
	N 17	N		The state of the s	M = M / D = D / Y = Y = Y
Che	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	
	Full Name of Payee Jodi Fountain				of Public Distribution/Dissemination  M M M M M M M M M M M M M M M M M M M
ľ	Mailing Address 1010 S Dogwood Drive			Amou	
ŀ	City	State	Zip Code		20.00
	Bogalusa	LA	70427		saction ID: 22e9c0b4-d473-4917-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate		Support	Office Sough	ht: House District:00
	Ms. Mary L Landrieu		X Oppose	Presid	dent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	92374.10	Disbursemer 2014	nt For:
Γ	Full Name of Payee			Date	of Public Distribution/Dissemination
١	Jodi Fountain			Г	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 1010 S Dogwood Drive				
١				Amou	unt
ľ	City	State	Zip Code		0.60
	Bogalusa	LA	70427	Transa Date	action ID: 72a0b16d-25b9-4c0a-8 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		M 08 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	dent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	92374.10	Disbursemer 2014	ent For:
(	a) SUBTOTAL of Itemized Independent Expenditures	S		• •	20.60
(	b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	4 1 4 1 4
(	c) TOTAL Independent Expenditures			•	
W	Inder penalty of perjury I certify that the independentith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M / 08	21 2014
	Signature		_		

Sch	edule E)	LXI LIIDI	TOTILO				PAGE 3 OF 63 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	men Speak Out PAC					С	C00530766
Checl	k if 24-hour report X 48-hour report	X New repo	ort Ame	ends repo	rt filed on	M = M /	/ D = D / Y = Y = Y
Le	ull Name of Pause					(5)	Bi i ii ii ii
	ull Name of Payee Lorri Anderson				Date	e of Publi	c Distribution/Dissemination  /
N	lailing Address 7214 Duchamp Dr				Amo	ount	
С	ity	State	Zip Code		-		35.00
	Charlotte	NC	23215				ID: 5b5eb880-d909-4efd-a ursement or Obligation
	urpose of Expenditure Salary		Category/ Type	001		08	19 / 2014
N	ame of Federal Candidate		s	upport	Office Sou	ght:	House District: 00
N	лs. Kay Hagan		X	ppose	Pres	ident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	45456.61		Disbursem 2014	ent For: Other (sp	Primary
	ull Name of Payee				Dat	e of Publi	c Distribution/Dissemination
'	Lorri Anderson					M M M	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 7214 Duchamp Dr					00	10 2011
					Am	ount	
C	Dity	State	Zip Code				9.90
	Charlotte	NC	23215		Tran Dat	saction II e of Disb	D: d2fd1edd-f9db-4497-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		08	19 / 2014
N	lame of Federal Candidate		S	Support	Office Sou	ght:	House District:00
N	Иs. Kay Hagan		X	Oppose	Pres	ident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		245456.61		Disbursem 2014	ent For: Other (sp	Primary X General pecify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures.				•	-	44.90
(b)	SUBTOTAL of Unitemized Independent Expenditure	es			. •		7 1 4
(c)	TOTAL Independent Expenditures				•		
wit	der penalty of perjury I certify that the independent h, or at the request or suggestion of, any candidate rty committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M = M 08	/ 21	/ Y Y Y Y Y 2014
	Signature		_				

Schedule E)	INDENT EXPEND	TONES	<u> </u>	PAGE 4 OF 63 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC	C co	00530766		
Check if 24-hour report X 48-hour re	eport New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Elizabeth M Moore			Date of Public I	Distribution/Dissemination
Mailing Address 1223 Silver Sage Dr Apt	303		08 Amount	19 2014
City Raleigh	State NC	Zip Code 27606		20.00 : caf4f46d-9d26-46e4-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disburs	ement or Obligation  19 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		45456.61	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee Elizabeth M Moore			Date of Public I	Distribution/Dissemination
Mailing Address 1223 Silver Sage Dr A	ot 303		Amount	19 2014
			Amount	
City Raleigh	State NC	Zip Code 27606		6.48 aa382c08-c60d-4f1c-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disburs	ement or Obligation  19 2014
Name of Federal Candidate			Office Cought	House District: 00
Ms. Kay Hagan		Support Oppose	Office Sought:  President	House District: 00 Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		245456.61	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent E	xpenditures			26.48
(-)			7	7
(b) SUBTOTAL of Unitemized Independen	t Expenditures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7.1.7.
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 / 21	2014
•				

Schedule E)	PAGE 5 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amend	ds report filed on
Full Name of Payee Dwayne C Smith	Date of Public Distribution/Dissemination
Mailing Address 900 Bramblegate Rd	08 / 19 / 2014
	Amount
City State Zip Code	20.00
Hope Mills NC 28348	Transaction ID : fe9f2c5c-420a-4746-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001 08 19 2014
Name of Federal Candidate Supp	port Office Sought: House District: 00
Ms. Kay Hagan Opp	
Calendar Year-To-Date Per Election for Office Sought 245456.61	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Dwayne C Smith	08 19 2014
Mailing Address 900 Bramblegate Rd	Amount
City State Zip Code Hope Mills NC 28348	4.50  Transaction ID: d7a7d52e-3fd6-4d1f-a
Purpose of Expenditure Mileage  Category/ Type	Date of Disbursement or Obligation  002  008  009  009  009  009  009  009
Name of Federal Candidate Sup	port Office Sought: House District: 00
Ms. Kay Hagan Opp	
Calendar Year-To-Date Per Election for Office Sought 245456.61	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	24.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 08 21 2014
Signature	

Scł	hedule E)	PAGE 6 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	ck if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
_	Full Name of Pages	
	Full Name of Payee Daniel E Collison	Date of Public Distribution/Dissemination  08 19 2014
	Mailing Address 3315 Cardinal Ridge Rd	Amount
H	City State Zip Code	55.00
	Greensboro NC 27410	Transaction ID: 947508d2-fcfa-45e6-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	08
ı	Name of Federal Candidate Support Offic	e Sought: House District: 00
L	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:
Γ	Full Name of Payee	Date of Public Distribution/Dissemination
	Daniel E Collison	08 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Mailing Address 3315 Cardinal Ridge Rd	
		Amount
ŀ	City State Zip Code	34.50
	Greensboro NC 27410	Transaction ID: 0518855e-8675-4505-b  Date of Disbursement or Obligation
١	Purpose of Expenditure Mileage  Category/ Type  002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
T	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:
(8	a) SUBTOTAL of Itemized Independent Expenditures	89.50
(l	b) SUBTOTAL of Unitemized Independent Expenditures	
(0	c) TOTAL Independent Expenditures	
W	Under penalty of perjury I certify that the independent expenditures reported herein were not movith, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	08 21 2014
	Signature	

Schedule E)	FOR SE OF FORM 24/48					
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC	C C00530766					
Check if 24-hour report X 48-hour report New report Amends report filed	on					
Full Name of Payee	Date of Public Distribution/Dissemination					
Joseph R Rys	08					
Mailing Address 160 #50 Pompano Dr	Amount					
City State Zip Code	60.00					
New Bern NC 28560	Transaction ID: 18cad190-4e80-43b7-b Date of Disbursement or Obligation					
Purpose of Expenditure Salary  Category/ Type  001	08 / 19 / 2014					
	e Sought: House District: 00					
Ms. Kay Hagan Oppose	President Senate State: NC					
Calendar Year-To-Date Per Election for Office Sought  Disbrace 245456.61  Disbrace 2014	ursement For: Primary X General  Other (specify) ▶					
Full Name of Payee	Date of Public Distribution/Dissemination					
Joseph R Rys	08 19 2014					
Mailing Address 160 #50 Pompano Dr	Amount					
City State Zip Code	8.34					
New Bern NC 28560	Transaction ID : 71f5011d-e166-4e15-8 Date of Disbursement or Obligation					
Purpose of Expenditure Mileage  Category/ Type  002	08 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support Offic	e Sought: House District: 00					
Ms. Kay Hagan Oppose	President State: NC					
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General  Other (specify) ▶					
<u> </u>						
(a) SUBTOTAL of Itemized Independent Expenditures	68.34					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	08 21 2014					
Signature						

Sch	nedule E)		101120		PAGE 8 OF 63 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	ck if 24-hour report X 48-hour report Ne	ew repo	ort Amends repo	rt filed on	1 M = M / D = D / Y = Y = Y
_	Full Name of Payee				Date of Public Distribution/Dissemination
	Anthony Pearson				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 112 apache Dr			A	Amount
	City State		Zip Code	— [	35.00
	Search AR		72149		ransaction ID: b6bf5a33-4f21-46a1-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08 19 / 2014
Ī	Name of Federal Candidate		Support	Office S	ought: House District:00
	Mr. Mark L Pryor		X Oppose	Pr	resident Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	-,	60241.65	Disburse 2014	ement For: Primary
Г	Full Name of Payee				Date of Public Distribution/Dissemination
١	Anthony Pearson				08 19 2014
ŀ	Mailing Address 112 apache Dr				13 2014
١	1.2 3630.10 2.			Α	Amount
ŀ	City State		Zip Code		10.20
	Search AR		72149	Tr	ransaction ID : 1b487190-31f6-4d23-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		08 / 19 / 2014
ľ	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Mr. Mark L Pryor		X Oppose	Pı	resident Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		60241.65	Disburse 2014	ement For:
(a	SUBTOTAL of Itemized Independent Expenditures			. ▶	45.20
(k	o) SUBTOTAL of Unitemized Independent Expenditures				1 1 7 1 1 7 1 1 7
(0	e) TOTAL Independent Expenditures			•	
W	nder penalty of perjury I certify that the independent expending or at the request or suggestion of, any candidate or authority committee) any political party committee or its agent.				
	Ms. Emily Buchanan	lectron	ically Filed] Date	M M M	/ 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

Schedule E)	-IV: -/\: -:\-	1101120		PAGE 9 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Lisa Miller			Date of Publ	lic Distribution/Dissemination
			08	19 / 2014
Mailing Address 718 Azalea Dr.			Amount	
Unit 453 City	State	Zip Code		40.00
Hampstead	NC	28443		ID : 766c07c9-fb88-4450-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disc	oursement or Obligation  19 2014
Name of Federal Candidate		Support	Office Squaht:	House District: 00
Ms. Kay Hagan		Support Oppose	Office Sought:  President	House District: 00 NC State: NC
Calendar Year-To-Date		045450.04	Disbursement For:	Primary Seneral
Per Election for Office Sought		245456.61	2014 Other (s	specify) ►
Full Name of Payee Lisa Miller				lic Distribution/Dissemination
Mailing Address			08	19 2014
7 TO AZGIOG DI.			Amount	
Unit 453	State	Zip Code		12.09
Hampstead	NC	28443	Transaction Date of Disk	ID: 373d9bc0-99b8-4a0a-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		245456.61	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
(a) SUBTOTAL of Itemized Independent Expend	itures		<b>•</b>	52.09
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· <b>&gt;</b>	
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	08 21	2014
Signature		_		

So	chedule E)	PAGE 10 OF 63 FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report	filed on filed on
	Full Name of Payee Nick Berryhill	Date of Public Distribution/Dissemination
	Mailing Address 905 Lake Drive	08 19 2014
		Amount
	City State Zip Code	61.00
	Shelby NC 28152	Transaction ID: bee9fb85-f4b2-49f2-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	08 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support	Office Sought: House District: 00
	Ms. Kay Hagan	President Senate State: NC
		Disbursement For: Primary X General 2014 Other (specify) ▶
	Full Name of Payee	Date of Public Distribution/Dissemination
	Nick Berryhill	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 905 Lake Drive	Amount
	City State Zip Code	24.00
	Shelby NC 28152	Transaction ID : c3845402-46ce-4c0b-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support	Office Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
		Disbursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	85.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	·
	(c) TOTAL Independent Expenditures	·
	Under penalty of perjury I certify that the independent expenditures reported herein were nowith, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	08 / 21 / 2014

Schedule E)	I LAPLIND	ITONES		PAGE 11 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Lorri Anderson			Date of Publi	c Distribution/Dissemination
Mailing Address 7214 Duchamp Dr			08	19 2014
			Amount	
City	State	Zip Code		10.00
Charlotte	NC	23215	Transaction	ID: b390f8cd-b5d9-4603-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 08	19 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , 2	245456.61	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ►
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Lorri Anderson			08	19 / 2014
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		9.60
Charlotte	NC	23215		D: d97dc4f4-9dd5-4a12-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	245456.61	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	ie.			19.60
(a) GOD TOTAL OF ROTHER MINISPERIOR EXPONENTIAL			7	13.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures		• •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / D D D D D D D D D D D D D D D D D	2014
Signature				

Schedule E)	ADENT EXTEND	TOTILO		PAGE 12 OF 63 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC	DIDENTIFICATION NUMBER ▼			
Women Speak Out PAC			C	C00530766			
Theck if 24-hour report X 48-hour report New report Amends report filed on							
Full Name of Payee Antoinette Franklin			Date of Pu	ublic Distribution/Dissemination			
Mailing Address 8822 Apple St			08	19 2014			
			Amount				
City	State	Zip Code		45.00			
New Orleans	LA	70188		on ID: 634c4999-d4f4-437e-a sbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	08	19 2014			
Name of Federal Candidate		Support	Office Sought:	House District:00			
Ms. Kay Hagan		Oppose	President	Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought		45456.61	Disbursement Fo 2014 Other	r: Primary			
Full Name of Payee			Date of P	ublic Distribution/Dissemination			
Tammay Williams			M = M 08	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 924 N. Prieur St			Amount				
City	State	Zip Code	$-\Box$	80.00			
New Orleans	LA	70116		n ID: 0c5fb69f-8cc3-4dd8-8 isbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	08	19 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		92374.10	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶			
(a) SUBTOTAL of Itemized Independent Exp	penditures			125.00			
				7			
(b) SUBTOTAL of Unitemized Independent I	Expenditures		· •	7 1 7 1 7			
(c) TOTAL Independent Expenditures			•	4   4   4			
Under penalty of perjury I certify that the in- with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		2014			

Schedule E)	INT EXI END	TI OTILO	PAGE 13 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St			08 19 2014
324 N. 1 Hour Ot			Amount
City	State	Zip Code	13.50
New Orleans	LA	70116	Transaction ID: 735880bd-c6bc-49e1-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		92374.10	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Carey T Henderson			08 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Inverness Rd			Amount
City	State	Zip Code	40.00
Suthern Pines	NC	28387	Transaction ID: 8d2758ce-b506-42bd-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		245456.61	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures		53.50
(b) SUBTOTAL of Unitemized Independent Expe	ndituros		
(b) SOBTOTAL OF Officernized independent Expe	nditules		
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.g.iatai 5			

Schedule E)	)	L/(1 L. (12.	101120				PAGE 14 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Ful						FEC II	DENTIFICATION NUMBER ▼
Women Speak Out P	AC					C	C00530766
							00000700
Check if 24-hour report	X 48-hour report	New repo	ort Ame	nds repo	ort filed on	M = M /	/ D = D / Y = Y = Y
Full Name of Payee	-				Date	e of Publi	c Distribution/Dissemination
Carey T Henderso						08	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Inver	ness Rd				Amo	ount	
City		State	Zip Code		-		26.10
Suthern Pines		NC	28387				ID: ad0e26df-f9ae-4b12-9 ursement or Obligation
Purpose of Expenditure Mileage			Category/ Type	002		M M 08	19 2014
Name of Federal Candidate	)		s	upport	Office Sou	nht:	House District: 00
Ms. Kay Hagan				ppose	Presi		Senate State: NC
Calendar Year-To-Date Per Election for Office	Sought	2	45456.61		Disburseme 2014	ent For: Other (sp	Primary
Full Name of Payee							ic Distribution/Dissemination
Donald Dessauer						M = M	/ D D / Y Y Y Y
Mailing Address 1804 Au	ıburn Ave					08	19 2014
					Ame	ount	
City	Ç	State	Zip Code				10.00
Metaire		LA	70003		<b>Tran</b> Date	saction II e of Disb	D: 125341fa-cf93-4cff-b ursement or Obligation
Purpose of Expenditure Salary			Category/ Type	001		08 <sup>M</sup>	19 2014
Name of Federal Candidate	;		S	Support	Office Sou	ght:	House District:00
Ms. Mary L Landrieu			X	ppose	Pres	ident	Senate State: LA
Calendar Year-To-Date Per Election for Office			92374.10		Disbursem 2014	ent For: Other (sp	Primary
(a) SUBTOTAL of Itemized	Independent Expenditures				· •	-	36.10
(b) SUBTOTAL of Unitemize	ed Independent Expenditure	es					
(c) TOTAL Independent Exp	onditures						
(C) TOTAL INdependent Exp	enditures				· L		45-1-45-1
Under penalty of perjury I cawith, or at the request or support committee) any political	ggestion of, any candidate	or authorized					
Ms. Emily Buchan	nan	[Electroni	ically Filed]	Date	. 08	/ 21	2014
Signature			_				

ScI	hedule E)	L/( L. ( L. )	101120				PAGE 15 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
 Che	eck if 24-hour report X 48-hour report	New repo	ort An	nends repo	ort filed on	M = M /	D = D / Y = Y = Y
Т	Full Name of Payee				Dr	-ta of Bublio	C Distribution/Dissemination
	Donald Dessauer				Da	M M /	Distribution/Dissemination
	Mailing Address 1804 Auburn Ave				An	nount	
ŀ	City St	State	Zip Code				0.60
	Metaire	LA	70003				ID: ecfb6a62-64b0-4349-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			08	19 / 2014
t	Name of Federal Candidate			Support	Office So	ught:	House District:00
	Ms. Mary L Landrieu			Oppose			Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		92374.10		Disburser 2014	ment For: Other (sp	Primary
	Full Name of Payee Eric J Smith				Da		c Distribution/Dissemination
-						08	19 2014
	Mailing Address 4967 Dysartville				Ar	mount	
ŀ	City S	State	Zip Code				80.00
		NC	28655		Tra Da	nsaction II ate of Disbu	D: c1992783-55f8-44f9-8 ursement or Obligation
	Purpose of Expenditure Salary	l	Category/ Type			08	19 2014
Ī	Name of Federal Candidate			Support	Office So	ought:	House District: 00
-	Ms. Kay Hagan		X	Oppose		Ľ	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		245456.6	51	Disburser 2014	ment For: Other (sp	Primary X General
(;	a) SUBTOTAL of Itemized Independent Expenditures				. [		80.60
`	, 665.6 m. 6. no255					7	7
(1	b) SUBTOTAL of Unitemized Independent Expenditures	·S			·· •		
(0	c) TOTAL Independent Expenditures				· •		
W	Under penalty of perjury I certify that the independent of with, or at the request or suggestion of, any candidate control committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	e 08	/ 21	2014
	Signature		_				

Schedu	ile E)	1 E/ E/ E/ E	1101120				PAGE 16 OF 63 FOR SE OF FORM 24/48
	COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wome	en Speak Out PAC						C00530766
Check if	24-hour report X 48-hour report	New repo	ort Ame	ends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
Full N	Name of Payee		-		Da	eta of Public	c Distribution/Dissemination
Jer	nnifer E Smith				D	M M M 08	Distribution/Dissemination  / 19 2014
Mailin	ng Address 4967 Dysartsville Rd				An	nount	
City		State	Zip Code				80.00
Morg	ganton	NC	28655				ID: 16d0e93b-8a85-4b3c-a ursement or Obligation
Purpo Sala	ose of Expenditure ry		Category/ Type	001		08	19 / 2014
Name	e of Federal Candidate		s	Support	Office So	ught:	House District:00
Ms. ł	Kay Hagan			Oppose		_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		245456.61		Disburser 2014	ment For: Other (sp	Primary
Full N	Name of Payee				Da	ate of Publi	c Distribution/Dissemination
Jen	nifer E Smith					M M M	19 2014
Mailir	ng Address 4967 Dysartsville Rd					00	19 2014
					Ar	nount	
City		State	Zip Code				7.50
	ganton	NC	28655				D: 92a0cffd-f6ea-4a99-a ursement or Obligation
Purpo Milea	ose of Expenditure age		Category/ Type	002		08	19 / 2014
Name	e of Federal Candidate			Support	Office So	ught:	House District:00
Ms. ł	Kay Hagan		X	Oppose	Pre	esident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	<u> </u>	245456.61		Disburser 2014	ment For: Other (sp	Primary X General Decify) ▶
(a) SU	JBTOTAL of Itemized Independent Expenditure	s			· •		87.50
(b) SU	JBTOTAL of Unitemized Independent Expenditu	ures			•		7 1 4
(c) TO	TAL Independent Expenditures				•		
with, o	penalty of perjury I certify that the independer r at the request or suggestion of, any candidat committee) any political party committee or its a	te or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	9 08	/ 21	/ Y Y Y Y Y Y 2014
Sig	nature		_				

Schedule E)	VI EXI ENE	TI OTILO	PAGE 17 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mr. Alex Peyton			08 / 19 / 2014
Mailing Address 859 Hicks Rd			Amount
City	State	Zip Code	60.00
Washington	LA	70589	Transaction ID : 78ec47ef-a3e0-4efe-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	92374.10	Disbursement For:  Primary  General 2014  Gther (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Mr. Alex Peyton			08 / 19 / 2014
Mailing Address 859 Hicks Rd			Amount
City	State	Zip Code	40.50
Washington	LA	70589	Transaction ID : d9b5d62f-1f16-4877-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	92374.10	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		. ▶ 100.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 21 7 2014
3.9			

Sc	chedule E)	<b>L</b>	1101120		PAGE 18 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC				C C00530766
 Che	eck if 24-hour report X 48-hour report N	New repo	port Amends re	port filed	on M = M / D = D / Y = Y = Y
_					
	Full Name of Payee  Mattie Harris				Date of Public Distribution/Dissemination  M 08 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 3654 Tara St				Amount
	City State		Zip Code		35.00
	springdale AR		72762		Transaction ID: 334dd12a-cb2f-46ec-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 00	)1	08 19 / 2014
Ì	Name of Federal Candidate		Support	Office	e Sought: House District: 00
	Mr. Mark L Pryor		X Oppose		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		60241.65	Disbu 2014	orsement For: Primary X General  Other (specify) ▶
ĺ	Full Name of Payee				Date of Public Distribution/Dissemination
Ì	Mattie Harris				08 19 2014
	Mailing Address 3654 Tara St				00 10 2011
					Amount
	City State		Zip Code		9.60
Ĭ	springdale AR		72762		Transaction ID: 5869e0f5-74fb-4a28-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	2	M
	Name of Federal Candidate		Support	Office	e Sought: House District: 00
	Mr. Mark L Pryor		Oppose		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		60241.65	Disbu 2014	ursement For: Primary X General Other (specify) ▶
	( ) CURTOTAL of the wine of the demandant Fune and thomas				4400
,	(a) SUBTOTAL of Itemized Independent Expenditures				44.60
	(b) SUBTOTAL of Unitemized Independent Expenditures			····· <b>&gt;</b>	
	(c) TOTAL Independent Expenditures			····· <b>&gt;</b>	
١	Under penalty of perjury I certify that the independent experwith, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.				
	Ms. Emily Buchanan	[Electron	nically Filed] Da	ate 0	8 21 2014
	Signature				

Schedule E)	DEI ENDEN. =/ =			PAGE 19 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48	-hour report X New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Data of Bubli	- Distribution/Discomination
Barbara E Spritz			Date of Publi	c Distribution/Dissemination  / 19 2014
Mailing Address 3346 Durham St	≣xt		Amount	
City	State	Zip Code		50.00
Burlington	NC	27217		ID: c6b50e60-d228-462e-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 08	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sough	t 2	245456.61	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ►
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Barbara E Spritz			M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3346 Durham S	St Ext		Amount	
City	State	Zip Code		3.30
Burlington	NC	27217		D: 616d4aa9-875f-4dc2-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 O8	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sough	t	245456.61	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Indepe	ndent Expenditures		<b>→</b>	53.30
(b) SUBTOTAL of Uniternized Inde	pendent Expenditures		•	
(c) TOTAL Independent Expenditur	es		<b>&gt;</b>	
Under penalty of perjury I certify the with, or at the request or suggestion party committee) any political party	n of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	08 / DID	/ Y Y Y Y Y Y 2014
Signature		_		

Sc	chedule E)	PAGE 20 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	/omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Т	Full Name of Payee  David Ford	Date of Public Distribution/Dissemination
	Mailing Address 106 Hillside St	08 / 19 / Y 2014
	The state of the s	Amount
I	City State Zip Code	95.00
	Spindale NC 28160	Transaction ID: 7041e7c9-4f06-4b07-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	08 / 19 / Y Y Y Y Y
ı	Name of Federal Candidate Support Offi	ice Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Dis 245456.61	Sbursement For: Primary X General  Other (specify) ▶
	Full Name of Payee David Ford	Date of Public Distribution/Dissemination
-	Mailing Address 106 Hillside St	08 19 2014
	Mailing Address 106 Hillside St	Amount
ľ	City State Zip Code	26.97
	Spindale NC 28160	Transaction ID: d519a157-d2b7-4413-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	08 / 19 / Y Y Y Y Y
ı	Name of Federal Candidate Support Off	fice Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Dis 245456.61	sbursement For: Primary X General 14 Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures	121.97
•	(-)	
(	(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(	(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not a with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	08 21 2014
	Signature	

Sc	hedule E)	-/(1 - 1 - 1 - 1 - 1	101120				PAGE 21 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	X New repo	ort Am	ends repo	ort filed on	M = M	/ D = D / Y = Y = Y
T	Full Name of Payee Steven Jean				Date		c Distribution/Dissemination
ŀ	Mailing Address 2012 Harrison Ave					08	19 2014
					Amo	ount	
	•		Zip Code				100.00
	Winston Salem	NC	27105				ID: 58150e5f-c431-4571-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M 08	19 2014
ŀ	Name of Federal Candidate			Support	Office Sou	ght:	House District:00
	Ms. Kay Hagan			Oppose	Presi		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	245456.61		Disburseme 2014	ent For: Other (sp	Primary
ŀ	Full Name of Payee						ic Distribution/Dissemination
	Steven Jean					M = M	/ D D / Y Y Y Y
-	Mailing Address 2012 Harrison Ave					08	19 2014
	2012 Hamson Ave				Amo	ount	
ŀ	City St	tate	Zip Code				15.60
	Winston Salem	NC	27105		<b>Tran</b> Date	saction II	D: 312caece-9ee8-44de-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		M M M	19 2014
ľ	Name of Federal Candidate		<u> </u>	Support	Office Sou	ght:	House District: 00
	Ms. Kay Hagan			Oppose			Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		245456.61	1	Disbursem 2014	ent For: Other (sp	Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures				· •	-	115.60
(	(b) SUBTOTAL of Unitemized Independent Expenditures	3			•		1 1 7 1 1 7 1
(	(c) TOTAL Independent Expenditures				•		
٧	Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate oparty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electron:	ically Filed]	Date	e 08	21	2014
	Signature						

Schedule E)	PENT EXTEND	HONES	PAGE 22 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Malinda Ledford			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 44 Bell Street Ext			Amount
City	State	Zip Code	50.00
Spruce Pine	NC	28777	Transaction ID : b2d1d3b7-159f-41d5-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	245456.61	Disbursement For:  Primary  General  Q014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Malinda Ledford			08 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 44 Bell Street Ext			Amount
City	State	Zip Code	20.40
Spruce Pine	NC	28777	Transaction ID : beae453d-aad8-4980-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	245456.61	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		70.40
,			7
(b) SUBTOTAL of Unitemized Independent Exp	penditures		•
(c) TOTAL Independent Expenditures			·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08

Schedule E)		PAGE 23 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Virginia M Stevens		of Public Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd	Amo	08 19 2014 unt
City State Zip Code		50.00
Bakersville NC 28705	Tran	saction ID : ca743ceb-a7f2-4dfe-9 of Disbursement or Obligation
Purpose of Expenditure Salary  Categor Ty		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Soug	ht: House District:00
Ms. Kay Hagan	Oppose Presid	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 245456.61		ont For:  Primary
Full Name of Payee Virginia M Stevens  Mailing Address 1691 Fork Mtn Rd	Date	of Public Distribution/Dissemination  M M M
	Amo	
City State Zip Code Bakersville NC 28705	Trans	20.40 saction ID : f6f640c4-616b-4cc4-8 of Disbursement or Obligation
Purpose of Expenditure Mileage  Categor Ty	ry/ 002	08 19 2014
Name of Federal Candidate	Support Office Soug	ght: House District: 00
Ms. Kay Hagan	Oppose Presi	dent State: NC
Calendar Year-To-Date Per Election for Office Sought 245450	Disburseme 2014	ent For: Primary X General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	· [	70.40
(b) SUBTOTAL of Unitemized Independent Expenditures		1 7 1 7 1 7
(c) TOTAL Independent Expenditures	· [	7 7 7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed	d] Date 08	21 2014
Signature		

Sc	chedule E)	<b>L</b> /(1 <b>L</b> .(12.	TOTILO		PAGE 24 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	oort Amends rep	port filed on	M = M / D = D / Y = Y = Y
T	Full Name of Payee Dylan Simon				e of Public Distribution/Dissemination
	Mailing Address 111 Millrock Drive			Amo	08 19 2014
	C:a	State	Zip Code		39.00
	City Lafayette	LA	70508		nsaction ID : 316f8dbb-2a36-467a-b e of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	- T	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	ident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, ,	92374.10	Disburseme 2014	ent For:  Primary
	Full Name of Payee Dylan Simon			Date	e of Public Distribution/Dissemination
	Mailing Address 111 Millrock Drive			Amo	08 19 2014 ount
	City	State	Zip Code		19.56
	Lafayette	LA	70508		saction ID: d4573bd9-9e97-4a31-b e of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		08 / 19 / 2014
Ì	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presi	ident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, ,	92374.10	Disburseme 2014	ent For:
	(a) SUBTOTAL of Itemized Independent Expenditures	\$			58.56
	(b) SUBTOTAL of Unitemized Independent Expenditure	res		<b>-</b>	
(	(c) TOTAL Independent Expenditures			···· • [	
١	Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Dat	te 08	21 2014
	Signature				

Sc	hedule E)	<b>L</b> /(1 <b>L</b> /(2)	1101120		PA(	GE 25 OF 63 R SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					TIFICATION NUMBER ▼
W	omen Speak Out PAC				C C008	530766
Che	eck if 24-hour report X 48-hour report	New repo	oort Amends rep	port filed on	M = M / D	D / Y = Y = Y
T	Full Name of Payee Gregory Green			Date	M M / D	stribution/Dissemination
-	Mailing Address 2506 Bolch Street			Am	08 ount	19 2014
ŀ	City	State	Zip Code	—— I I		20.00
	Shreveport	LA	71104			d2c4d5a3-a8b0-4ab5-9 nent or Obligation
	Purpose of Expenditure Salary		Category/ Type 001			19 / 2014
ı	Name of Federal Candidate		Support	Office Sou	aht: H	louse District: 00
	Ms. Mary L Landrieu		X Oppose			Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		92374.10	Disbursem 2014	ent For: Other (specify	Primary
	Full Name of Payee Gregory Green			Dat	M = M / D	
-	Mailing Address 2506 Bolch Street			Am	08 ount	19 2014
ŀ	City	State	Zip Code			11.10
	Shreveport	LA	71104	Tran Dat	saction ID: 83 e of Disbursen	3c9c755-eab3-4601-b ment or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	2	08 /	19 / 2014
Ī	Name of Federal Candidate		Support	Office Sou	ght: H	louse District: 00
	Ms. Mary L Landrieu		X Oppose	Pres	ident X S	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		92374.10	Disbursem 2014	ent For: Other (specify	Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures	ş		▶		31.10
(	(b) SUBTOTAL of Unitemized Independent Expenditur	res		··· •	-7-	4 1 4
(	(c) TOTAL Independent Expenditures			····· <b></b>		7 1 5
٧	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	e or authorized				
	Ms. Emily Buchanan	[Electron	nically Filed] Dat	ite 08	/ 21 /	2014
	Signature					

Schedule E)	EXI END	TOTILO		PAGE 26 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amend	ds report f	iled on
Full Name of Payee Lily Green				Date of Public Distribution/Dissemination
Mailing Address 205 Medallion Circle				08 19 2014  Amount
City	State	Zip Code		20.00
Shreveport	LA	71119		Transaction ID : fd09ebd1-59cf-4ebe-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	08 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Sup	port O	ffice Sought: House District: 00
Ms. Mary L Landrieu		Х Орр	.	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	92374.10		isbursement For:
Full Name of Payee				Date of Public Distribution/Dissemination
Lily Green				08 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle				Amount
City	State	Zip Code		12.90
Shreveport	LA	71119		Transaction ID: 7908092d-eb3f-491e-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	08 19 / 2014
Name of Federal Candidate		Sup	port O	ffice Sought: House District: 00
Ms. Mary L Landrieu		X Opp	oose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	92374.10		isbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	S		<b>&gt;</b>	32.90
(b) SUBTOTAL of Unitemized Independent Expenditu	res		······· <b>)</b>	
(c) TOTAL Independent Expenditures			······································	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]	Date	08 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	PAGE 27 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report An	mends report filed on
Full Name of Payee Theresa A Touchet	Date of Public Distribution/Dissemination
Mailing Address 102 French Street #3	08 19 2014 Amount
City State Zip Code	10.00
City State Zip Code New Orleans NC 70124	Transaction ID: e1602508-5b95-4705-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	/ 001 M M / D D / Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ma Marriel Landrice	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 92374.10	Disbursement For: Primary ☐ General  2014 Other (specify) ▶
Full Name of Payee Theresa A Touchet	Date of Public Distribution/Dissemination
Malling Address	08 / 19 / 2014
Mailing Address 102 French Street #3	Amount
City State Zip Code	0.30
New Orleans NC 70124	Transaction ID : df34ed60-347d-4ce1-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 92374.1	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	10.30
(b) SUBTOTAL of Unitemized Independent Expenditures	······
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 08 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedu	le E)		1101120		PAGE 28 OF 63 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
	ame of Payee bara A Williams			М	of Public Distribution/Dissemination
Mailing	g Address 3002 Darden Rd			Amour	08 19 2014
	Apt A				
City		State	Zip Code		100.00
Greer	nsboro	NC	27407		action ID: 06f876b2-a5be-433d-a of Disbursement or Obligation
Purpos Salary	se of Expenditure		Category/ Type 001		08 19 2014
Name	of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. K	ay Hagan		X Oppose	Preside	NO.
	alendar Year-To-Date er Election for Office Sought		245456.61	Disbursement 2014 Ot	t For: Primary X General
Full N Nath	ame of Payee nan Smith			Date of	of Public Distribution/Dissemination
	g Address 1247 W Mt Comfort Rd			. L	08 19 2014
				Amou	nt
City		State	Zip Code		27.50
	tteville	AR	72703	Transa Date o	ction ID : 6d7888cb-a2ba-4f1b-a of Disbursement or Obligation
Purpo: Salar	se of Expenditure y		Category/ Type 001	М	08 / 19 / 2014
Name	of Federal Candidate		Support	Office Sough	t: House District:00
Mr. M	ark L Pryor		Oppose	Preside	ent X Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		60241.65	Disbursement 2014 Or	t For:
(a) SU	BTOTAL of Itemized Independent Expendi	tures		· •	127.50
(b) SU	BTOTAL of Unitemized Independent Exper	nditures		. •	
(c) TO	TAL Independent Expenditures			•	7
with, or	penalty of perjury I certify that the indepe at the request or suggestion of, any can committee) any political party committee or	didate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 08	21 2014
Sign	ature				

Sc	hedule E)	-11-			PAGE 29 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report New	w rep	ort Amends repor	rt filed on	M = M / D = D / Y = Y = Y = Y
T	Full Name of Payee Nathan Smith			Da	ate of Public Distribution/Dissemination
-	Mailing Address 1247 W Mt Comfort Rd			Ar	08 19 2014 mount
ŀ	City State		Zip Code	<u> —</u> г	9.84
	Fayatteville AR		72703		ransaction ID : f089eaeb-60fc-4b85-8 ate of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		08 19 2014
l	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Mr. Mark L Pryor		X Oppose		esident Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	7	60241.65	Disburser 2014	ment For:  Primary
	Full Name of Payee Xavier Miller			Da	Date of Public Distribution/Dissemination
	Mailing Address 407 randall Dr			Aı	mount
I	City State		Zip Code		50.00
	Searcy AR		72143	Tra Da	ansaction ID : 154a0479-e1f9-4b79-b late of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08 / 19 / 2014
	Name of Federal Candidate		Support	Office Sc	ought: House District: 00
-	Mr. Mark L Pryor		Oppose		esident Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		60241.65	Disburse 2014	ement For:  Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures				59.84
(	(b) SUBTOTAL of Unitemized Independent Expenditures				
(	(c) TOTAL Independent Expenditures			•	
٧	Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or authorarty committee) any political party committee or its agent.				
		lectron	nically Filed] Date	M M M	21 2014
	Signature				

Sch	nedule E)	VDII OILE		PAGE 30 OF 63 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)		FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C	C00530766
Ched	ck if 24-hour report X 48-hour report New	report Amends repo	ort filed on	D D / Y D Y D Y
ı	Full Name of Payee Eric Wilson		Date of Public	Distribution/Dissemination
1	Mailing Address 907 Randall Drive		08 Amount	19 2014
	Ototo	7in Ondo		50.00
	City State Searcy AR	Zip Code 72149		50.00 D: 655b7297-781d-43c1-8 rsement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbut	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	Oppose	President >	
	Calendar Year-To-Date Per Election for Office Sought	60241.65	Disbursement For: 2014 Other (spe	Primary
	Full Name of Payee Eric Wilson		Date of Public	Distribution/Dissemination
	Mailing Address 907 Randall Drive		Amount	19 2014
-	City State	Zip Code		13.95
	Searcy AR	72149	Transaction ID  Date of Disbu	: 47729226-2d2b-4827-b rsement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	08	19 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Mr. Mark L Pryor	X Oppose	President >	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	60241.65	Disbursement For: 2014 Other (sp	Primary ☐ General ecify) ►
(a	SUBTOTAL of Itemized Independent Expenditures		. •	63.95
(k	SUBTOTAL of Unitemized Independent Expenditures		7	7
•	,		4	4
(0	e) TOTAL Independent Expenditures		<b>&gt;</b>	49. 42.
W	nder penalty of perjury I certify that the independent expendituith, or at the request or suggestion of, any candidate or authoriarty committee) any political party committee or its agent.			
		etronically Filed] Date	08 / 21	2014
	Signature			

Schedule E)			1101120		PAGE 31 OF 63 FOR SE OF FORM 24/48
NAME OF COM					FEC IDENTIFICATION NUMBER ▼
Women Sp	eak Out PAC				C C00530766
Check if 24-	hour report X 48-hour report	t New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Ms. Ton					f Public Distribution/Dissemination
Mailing Addre	ess 2357 Fancy Cap Rd				08 19 2014
0.1		Otata	7'- O- I-		20.00
City Mt. Airy		State NC	Zip Code 27030		80.00 action ID: 52db9d9e-5a7f-4ce2-8 f Disbursement or Obligation
Purpose of E Salary	xpenditure		Category/ Type 001	M	08 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fed	leral Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hag	an		X Oppose	Preside	NO.
	r Year-To-Date ction for Office Sought	2	245456.61	Disbursement 2014 Ott	For: Primary X General
Full Name of Ms. Tony  Mailing Address	a Boyd			M	f Public Distribution/Dissemination
City		State	Zip Code		28.74
Mt. Airy		NC	27030	Transac Date o	ction ID : bbf26ecd-d2ad-481d-a f Disbursement or Obligation
Purpose of E Mileage	xpenditure		Category/ Type 002	М	08 / 19 / 2014
Name of Fed	leral Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hag	an		Oppose	Preside	nt Senate State: NC
	r Year-To-Date ction for Office Sought		245456.61	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTA	<b>L</b> of Itemized Independent Exper	nditures			108.74
(b) SUBTOTA	<b>L</b> of Unitemized Independent Ex	penditures		· •	171171171
(c) TOTAL Inc	dependent Expenditures			•	7 7 7
with, or at the		andidate or authorized			opperation, consultation, or concert ne reporting entity is not a political
	As. Emily Buchanan	[Electron	ically Filed] Date	08	21 2014
Signature					

Schedule E)				PAGE 32 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour re	port New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Peggy A Sides			Date of Pub	lic Distribution/Dissemination
Mailing Address 2183 Spokane Rd			08 Amount	19 2014
Cit.	Ctoto	Zin Codo		40.00
City Fayetteville	State NC	Zip Code 28304		40.00 ID: e01f3d85-e3e2-44ba-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M M 08	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	245456.61	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee Peggy A Sides  Mailing Address 2183 Spokane Rd			Date of Pub  M 08  Amount	olic Distribution/Dissemination
City	State	Zip Code		10.50
Fayetteville	NC	28304		ID: 7fc06bb2-0f7a-4646-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		245456.61	Disbursement For: 2014 Other (	Primary X General
(a) SUBTOTAL of Itemized Independent Ex	openditures		<b>&gt;</b>	50.50
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	4
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	y candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		2014
Signature		_		

Schedule E)			<b>⊢</b>	PAGE 33 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report	48-hour report New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Timothy Foley			M - M /	Distribution/Dissemination
Mailing Address 20679 Glenbro	ok Terrace		08 Amount	19 2014
City	State	Zip Code		30.00
Sterling	VA	20165		D: daf0f5ba-51cb-41eb-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sou	ght 2	245456.61	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee Timothy Foley  Mailing Address 20679 Glenb	rook Terrace		Date of Public	Distribution/Dissemination 19 19 2014
			Amount	
City Sterling	State VA	Zip Code 20165		30.00 : 1ed19a44-7770-4a24-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 /	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	
Calendar Year-To-Date Per Election for Office Sou	ght	245456.61	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Indep	pendent Expenditures		<b>•</b>	60.00
(b) SUBTOTAL of Unitemized Inc	dependent Expenditures		•	45
(c) TOTAL Independent Expending	tures		<b>&gt;</b>	7
	that the independent expenditures tion of, any candidate or authorized ty committee or its agent.			
Ms. Emily Buchanan	[Electron	nically Filed] Date	08 / 21	2014
Signature				

Schedule E)	J. MOE. ENDER	. EXI EIID	1101120				PAGE 34 OF 63 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Ful						FEC II	DENTIFICATION NUMBER	<b>—</b>
Women Speak Out P	'AC						C00530766	
Check if 24-hour report	X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M /	D D D / Y D Y D	
		(5.3)		-				_
Full Name of Payee Brittany Jones					υ U	ate of Public	c Distribution/Dissemination 19 2014	
Mailing Address 338 Wayne	e Drive				A	mount		_
City		State	Zip Code		$ \Gamma$		12.50	
Shreveport		LA	71105		<b>I</b>		D: ea49e223-70d1-4f15-8 ursement or Obligation	_
Purpose of Expenditure Salary			Category/ Type	001		08 08	19 / 2014	Y
Name of Federal Candidate	<del></del>			Support	Office So	ought:	House District: 00	
Ms. Mary L Landrieu				Oppose		_	Senate State: LA	_
Calendar Year-To-Date Per Election for Office	Sought		92374.10		Disburse 2014	ment For: Other (sp	Primary	al
Full Name of Payee					D	ate of Publi	c Distribution/Dissemination	
Stephanie L Heun						M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Υ
Mailing Address 8026 S	Wilwood Dr Apt 101					06	19 2014	
3020	Wilwood 21 7.pt 101				A	mount		
City		State	Zip Code				40.00	
Oak Creek		WI	53154		Tra D	ansaction II ate of Disbu	D: c049ccd1-3f36-45d1-b ursement or Obligation	
Purpose of Expenditure Salary			Category/ Type	001		M 08	19 / 2014	Υ
Name of Federal Candidate	<del>-</del>			Support	Office So	ought:	House District: 00	
Ms. Kay Hagan				Oppose	Pr	esident	Senate State: NC	_
Calendar Year-To-Date Per Election for Office			245456.6	1	Disburse 2014	ement For:  Other (sp	Primary X Gener	al
								_
(a) SUBTOTAL of Itemized	Independent Expenditures	S	•••••		• •		52.50	
(b) SUBTOTAL of Unitemize	ed Independent Expenditu	ures						
(c) TOTAL Independent Exp	enditures				•	1 1 4	1 2 1 2 1	
Under penalty of perjury I co with, or at the request or sug- party committee) any politica	ggestion of, any candidat	te or authorized						
Ms. Emily Bucha	nan	[Electron	ically Filed]	Date	, 08	/ 21	2014	
Signature								

<b>,</b>		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Mr. Roger McKinney		08 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street	Ar	mount
City	tate Zip Code	52.50
'	NC 27041 Tr	ransaction ID : fd4ed4f5-e107-4f68-b ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan		esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	245456.61 Disburser 2014	ment For:
Full Name of Payee Mr. Roger McKinney  Mailing Address 308 West Main Street		ate of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	tate Zip Code	12.84
	NC 27041 Tra	ansaction ID : 7e7d798d-b46e-48fe-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 19 / 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	Oppose Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought	245456.61 Disburse 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	65.34
(b) SUBTOTAL of Unitemized Independent Expenditures	3	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 08	21 2014
Signature		

PAGE

35

OF

63

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Glenda McKinney	08
Mailing Address 308 West Main Street	Amount
City State Zip Code	52.50
Plot Mountain NC 27041	Transaction ID : 2041c554-2adc-42b7-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	M 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Steven Best	08 19 2014
Mailing Address 103 Washington Ave	Amount
City State Zip Code	33.00
Newport NC 28570	Transaction ID: a357e01a-62c4-4b69-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	08 19 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 245456.61	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	85.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 0	8 21 2014
Signature	

PAGE

36

OF

63

Schedule E)	DEINT EXTEND	TI ONLO	PAGE 37 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New re	port Amends repo	t filed on Man / Dad / Yayayay
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Best			08 19 2014
Mailing Address 103 Washington Ave			Amount
City	State	Zip Code	10.35
Newport	NC	28570	Transaction ID: 2e7e8f6b-4112-4616-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	245456.61	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			08 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	87.50
High Point	NC	27260	Transaction ID: a5c20c91-f7a1-4437-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		245456.61	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		97.85
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08
•			

Schedule E)	JENT EXILITE	TI OTILO	PAGE 38 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			08
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	20.40
High Point	NC	27260	Transaction ID: 228313a6-818a-4e03-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	245456.61	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Danielle McCoy			08 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	85.00
High Point	NC	27260	Transaction ID : 53f2fe4c-cf60-4028-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		245456.61	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		105.40
			7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			·
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)		PAGE 39 OF 63 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC		C C00530766			
Check if 24-hour report X 48-hour report Ne	ew report Amends report file	ed on Man / Dad / Yayayay			
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination			
Mailing Address 1025 Cayley Ct		08 19 2014			
		Amount			
City State	Zip Code	20.10			
High Point NC	27260	Transaction ID : d6339566-c604-45ab-a Date of Disbursement or Obligation			
Purpose of Expenditure Mileage	Category/ Type 002	08 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support Off	fice Sought: House District: 00			
Ms. Kay Hagan	Oppose	President State: NC			
Calendar Year-To-Date Per Election for Office Sought	245456.61 Dis	sbursement For: Primary			
Full Name of Payee	'	Date of Public Distribution/Dissemination			
Francesca Blom		08 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 101 Asbury Ct		Amount			
City State Winchester VA	Zip Code 22602	80.00  Transaction ID: 53b325ff-fdf4-40f4-8  Date of Disbursement or Obligation			
Purpose of Expenditure Salary	Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support Off	Office Sought: House District: 00			
Ms. Kay Hagan	X Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General 114 Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	·····	100.10			
(b) SUBTOTAL of Unitemized Independent Expenditures	·····				
(c) TOTAL Independent Expenditures	<b>&gt;</b>				
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or authority committee) any political party committee or its agent.					
	Clectronically Filed] Date	08			
Signature	_				

Schedule E)	LAFLINDI	TONES		PAGE 40 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Eleanor McCoy			Date of Pu	blic Distribution/Dissemination
Mailing Address 4902 Catawba Dr			08	19 / 2014
			Amount	
City		Zip Code		70.00
Greensboro	NC	27407		on ID: 9880a74e-b75b-415f-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 08	19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	45456.61	Disbursement For 2014 Other	: Primary
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Eleanor McCoy			08	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4902 Catawba Dr			Amount	
City	State	Zip Code		21.60
Greensboro	NC	27407		n ID : c72b65b8-1af7-4eaa-8 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 08	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	245456.61	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				91.60
(a) CODICIAL OF ROMEZON MOOPERINGE EXPENDICATION	,			31.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	08 / 2	1 2014
Signature				

Scl	hedule E)	EXI ENDI	TOTILO		PAGE 41 OF FOR SE OF FORM	63 24/48		
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUM			
W	omen Speak Out PAC				C C00530766			
Cha	ck if 24-hour report X 48-hour report	New repo	ort Amends	report filed	On M = M / D = D / Y = Y	YYY		
_		New Tepo	Amenus	report med	OII			
	Full Name of Payee Tylan S Green					ination 014		
ľ	Mailing Address 2320 Saint Nick Dr				Amount			
ŀ	City	State	Zip Code			70.00		
	New Orleans	LA	70131		Transaction ID: 6655f393-05c1-4f8e-9 Date of Disbursement or Obligation			
	Purpose of Expenditure Salary		Category/ Type	001		014		
ı	Name of Federal Candidate		Suppo	ort Offic	Sought: House District:	00		
	Ms. Mary L Landrieu		X Oppos	se	President Senate State:			
	Calendar Year-To-Date Per Election for Office Sought		92374.10	Disb 2014	rsement For: Primary X  Other (specify) ▶	General		
Γ	Full Name of Payee				Date of Public Distribution/Dissem	ination		
1	Tylan S Green					014		
ľ	Mailing Address 2320 Saint Nick Dr				حالنالنا			
1					Amount			
ľ	City	State	Zip Code			7.20		
	New Orleans	LA	70131		Transaction ID: d05938fe-5a2b-49 Date of Disbursement or Obligation	<b>986-b</b> on		
	Purpose of Expenditure Mileage		Category/ Type	002		014		
Ι	Name of Federal Candidate		Suppo	ort Offic	fice Sought: House District: 00			
	Ms. Mary L Landrieu		X Oppos	se	President State:	LA		
	Calendar Year-To-Date Per Election for Office Sought	, , ,	92374.10	Disb 2014	rrsement For: Primary X  Other (specify) ▶	General		
(;	a) SUBTOTAL of Itemized Independent Expenditures				77	7.20		
(1	b) SUBTOTAL of Unitemized Independent Expenditure	res		·····	1 1 7 1 1 7 1	4		
(0	c) TOTAL Independent Expenditures			······ <b>&gt;</b>	7	· ·		
W	Inder penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	e or authorized						
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date 0	8 21 2014			
	Signature		_					

Sc	chedule E)		PAGE 42 OF 63 FOR SE OF FORM 24/48			
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
W	/omen Speak Out PAC		C C00530766			
Che	eck if 24-hour report X 48-hour report New report Amends repo	ort filed on	M = M / D = D / Y = Y = Y			
Т	Full Name of Payee	Data	e of Public Distribution/Dissemination			
	Bradley K Kissinger		08 19 2014			
	Mailing Address 3113 Imperial Valley Dr.	Amo	ount			
ŀ	City State Zip Code	— I [ '	30.00			
	Little Rock AR 72212		nsaction ID : 5b3b4d11-515d-44fb-8 e of Disbursement or Obligation			
	Purpose of Expenditure Salary  Category/ Type  001	<b>]</b> [	08			
ı	Name of Federal Candidate Support	Office Soug	ght: House District:00			
	Mr. Mark L Pryor Oppose	Presid	ident Senate State: AR			
	Calendar Year-To-Date Per Election for Office Sought 60241.65	Disburseme 2014	ent For:			
ſ	Full Name of Payee	Date	e of Public Distribution/Dissemination			
1	Bradley K Kissinger		08 19 2014			
ľ	Mailing Address 3113 Imperial Valley Dr.		00 10 2014			
1		Amo	ount			
ŀ	City State Zip Code		9.30			
	Little Rock AR 72212	Trans Date	e of Disbursement or Obligation			
	Purpose of Expenditure Mileage  Category/ Type  002	□   [	08 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
ľ	Name of Federal Candidate Support	Office Soug	ice Sought: House District: 00			
	Mr. Mark L Pryor Oppose	Presid				
	Calendar Year-To-Date Per Election for Office Sought 60241.65	Disburseme 2014	ent For:			
(	(a) SUBTOTAL of Itemized Independent Expenditures	··· •	39.30			
(	(b) SUBTOTAL of Unitemized Independent Expenditures	·· • [	7			
(	(c) TOTAL Independent Expenditures	· ·	7 7 7 7			
W	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent coarty committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Electronically Filed] Date	e 08	/ 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Signature					

Schedule E)	LIVI LXI LIVI	JITONES	PAGE 43 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Cassidy Quartararo			08
Mailing Address 632 Cameron Court			Amount
City	State	Zip Code	30.00
Kenner	LA	70065	Transaction ID: 8963bb1f-596b-4568-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		92374.10	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Cassidy Quartararo			08 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 632 Cameron Court			Amount
City	State	Zip Code	8.19
Kenner	LA	70065	Transaction ID: 92c98863-dd5e-4b03-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		92374.10	Disbursement For:  Primary  General  2014  General
(a) SUBTOTAL of Itemized Independent Expend	itures		38.19
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	didate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedu	ile E)	. EXI END	TOTILO		-	PAGE 44 OF 63 FOR SE OF FORM 24/48		
	F COMMITTEE (In Full)					ENTIFICATION NUMBER ▼		
Wome	en Speak Out PAC					000530766		
					M = M /	D D / Y Y Y Y Y		
Check if	24-hour report X 48-hour report	New repo	ort Amends rep	oort filed on				
	Name of Payee trice Wolfe			Da	ate of Public	Distribution/Dissemination		
Mailir	ng Address 9909 Treasure Hill Rd				08	19 2014		
				Ar	mount			
City		State	Zip Code		1 1 0	10.00		
	Rock	AR	72205		Transaction ID: 38a6c471-87ad-418e-9 Date of Disbursement or Obligation			
Purpo Sala	ose of Expenditure ry		Category/ Type 00	1	08	19 / 2014		
Name	e of Federal Candidate		Support	Office So	ought:	House District: 00		
Mr. N	Mark L Pryor		X Oppose	Pre	esident X	Senate State: AR		
	Calendar Year-To-Date Per Election for Office Sought	, ,	60241.65	Disburser 2014	ment For: [  Other (spe	Primary		
	Name of Payee			Da	ate of Public	Distribution/Dissemination		
Pat	trice Wolfe				08 /	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailir	ng Address 9909 Treasure Hill Rd				00	19 2014		
				Aı	mount			
City		State	Zip Code		1 1 0	5.70		
	Rock	AR	72205			: 28f4932f-a381-42fc-8 sement or Obligation		
Mile	ose of Expenditure age		Category/ Type 002	2	08	19 / 2014		
Name	e of Federal Candidate		Support	Office Sc	fice Sought: House District: 00			
Mr. N	Mark L Pryor		X Oppose	Pre	esident X	Senate State: AR		
	Calendar Year-To-Date Per Election for Office Sought	, , ,	60241.65	Disburse 2014	ment For:	Primary		
(a) SU	JBTOTAL of Itemized Independent Expenditure	s		▶		15.70		
(b) Sl	JBTOTAL of Unitemized Independent Expenditu	ures		··· •		72 1 72 1		
(c) TC	OTAL Independent Expenditures			\				
	· ,				<del></del>	45		
with, o	penalty of perjury I certify that the independent at the request or suggestion of, any candidate committee) any political party committee or its a	te or authorized						
	Ms. Emily Buchanan	[Electron	ically Filed] Da	te 08	/ 21	2014		
Sig	nature							

ScI	hedule E)	./(i =: t=:	101120		PAGE 45 OF 63 FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
W	omen Speak Out PAC				C C00530766		
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends re	eport filed	on M = M / D = D / Y = Y = Y		
T	Full Name of Payee Petrina Williams				Date of Public Distribution/Dissemination		
-	Mailing Address 3007 Darden Rd				08 19 2014 Amount		
-	City Sta		7:2 Codo		100.00		
	•	ate NC	Zip Code 27407		100.00  Transaction ID: 5bb5b31d-22d3-48d1-9  Date of Disbursement or Obligation		
	Purpose of Expenditure Salary		Category/ Type	01	08   19   2014		
l	Name of Federal Candidate		Support	t Office	Sought: House District: 00		
	Ms. Kay Hagan		X Oppose		President Senate State: NC		
	Calendar Year-To-Date Per Election for Office Sought	2	45456.61	Disbur 2014	rsement For:  Primary		
	Full Name of Payee Petrina Williams				Date of Public Distribution/Dissemination    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y		
	Mailing Address 3007 Darden Rd				Amount		
ľ	City Sta	ate	Zip Code		25.50		
		NC	27407		Transaction ID : 83a8aeac-c9bb-4042-8 Date of Disbursement or Obligation		
	Purpose of Expenditure Mileage	Category/ Type 002			08 / 19 / 2014		
	Name of Federal Candidate		Support	t Office	Sought: House District: 00		
	Ms. Kay Hagan		X Oppose	•	President Senate State: NC		
	Calendar Year-To-Date Per Election for Office Sought		245456.61	Disbu 2014	rsement For:  Primary		
(6	a) SUBTOTAL of Itemized Independent Expenditures			······ <b>&gt;</b>	125.50		
(1	b) SUBTOTAL of Unitemized Independent Expenditures	·		····· <b>&gt;</b>			
(0	c) TOTAL Independent Expenditures			······ <b>▶</b>			
W	Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate or earty committee) any political party committee or its agen	r authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date 08	B 21 2014		
	Signature						

Sc	chedule E)	11 111111111111111111111111111111111111	1101120			PAGE 46 OF 63 FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)				FEC ID	DENTIFICATION NUMBER ▼		
W	omen Speak Out PAC					C00530766		
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M /	D = D / Y = Y = Y		
T	Full Name of Payee Kenny Wallis			Date	of Public	c Distribution/Dissemination		
	Mailing Address 6412 Osage Dr			Amo	08	19 2014		
	City State		Zip Code	<u> </u>	35.00  Transaction ID: be1d0d7a-23c7-484f-b  Date of Disbursement or Obligation			
	North Little rock AR		72116					
Ì	Purpose of Expenditure Salary		Category/ Type 001		M M /	19 / 2014		
Ì	Name of Federal Candidate		Support	Office Soug	aht:	House District:00		
	Mr. Mark L Pryor		Oppose	Presi	_	Senate State: AR		
	Calendar Year-To-Date Per Election for Office Sought		60241.65	Disburseme 2014	ent For: Other (sp	Primary ☐ General		
	Full Name of Payee			Date	of Public	c Distribution/Dissemination		
	Kenny Wallis				M M M /	19 2014		
	Mailing Address 6412 Osage Dr			Amo	ount			
-	City State		Zip Code	-		4.83		
	North Little rock AR		72116	Trans	saction IE	D: 0505a45b-af91-41d4-a ursement or Obligation		
	Purpose of Expenditure Mileage		Category/ Type 002		M M M 08	19 2014		
ľ	Name of Federal Candidate		Support	Office Soug	fice Sought: House District: 00			
	Mr. Mark L Pryor		Oppose	Presi	dent	Senate State: AR		
	Calendar Year-To-Date Per Election for Office Sought		60241.65	Disburseme 2014	ent For: Other (sp	Primary		
(	(a) SUBTOTAL of Itemized Independent Expenditures					39.83		
(	(b) SUBTOTAL of Unitemized Independent Expenditures			<b>-</b>				
(	(c) TOTAL Independent Expenditures			· [	- 4	7		
٧	Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized						
	Ms. Emily Buchanan	[Electron	nically Filed] Date	M M M	21	/ Y - Y - Y - Y - Y - Y - 2014		
	Signature		_					

Schedule E)	I ENDENT EXITEND	HONES	PAGE 47 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hou	ır report New rep	oort Amends repo	ort filed on
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination
Mailing Address 202 East Park Ave Ap	ot 40		08 / 19 / 2014
202 2001 4117710 74	X 10		Amount
City	State	Zip Code	42.50
Searcy	AR	72143	Transaction ID: db419858-a62b-4549-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	60241.65	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Shelbi L Randall			08 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 East Park Ave	Apt 40		Amount
City	State	Zip Code	14.88
Searcy	AR	72143	Transaction ID : 708ea211-b1e1-430d-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 19 / Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	60241.65	Disbursement For:  Primary  ☐ General  Other (specify)  ☐
(a) SUBTOTAL of Itemized Independer	nt Expenditures		. ▶ 57.38
(b) SUBTOTAL of Unitemized Independent	dent Expenditures		- b
(c) TOTAL Independent Expenditures			
	, any candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08

Sc	hedule E)	EXI EIIDI	TOTILO				PAGE 48 FOR SE OF F	OF 63 ORM 24/48		
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION		_	
W	omen Speak Out PAC					С	C00530766			
OI	V (0 b)					- M /	D D /	Y - Y - Y - Y		
One	eck if 24-hour report X 48-hour report	X New repo	ort Ameno	as repor	t filed on					
	Full Name of Payee Lesley Lennox					- M /	Distribution/D	Y   Y   Y   Y		
ľ	Mailing Address 2305 Cleary Ave				Amou	08 nt	19	2014		
ŀ	City	State	Zin Codo					20.00	1	
	City S Metairie	LA	Zip Code 70001			20.00  Transaction ID: 3c523e98-888b-4802-b  Date of Disbursement or Obligation				
Ī	Purpose of Expenditure Salary		Category/ Type	001		08	19	2014		
ŀ	Name of Federal Candidate		Sup	port	Office Sough	t:	House D	istrict: 00	-	
	Ms. Mary L Landrieu		Х Орр	1	Preside	_	_	State: LA	-	
	Calendar Year-To-Date Per Election for Office Sought		92374.10		Disbursemen 2014 C	t For: ther (sp	Primary ecify) ▶	X General		
Γ	Full Name of Payee				Date	of Public	Distribution/D	issemination		
1	Lesley Lennox					08 /	19	2014	I	
ľ	Mailing Address 2305 Cleary Ave							2011		
1					Amou	nt				
ľ	City	State	Zip Code					5.70	I	
	Metairie	LA	70001				<b>): 1febe4c5-fd</b> irsement or Ob			
	Purpose of Expenditure Mileage		Category/ Type	002		08	19	2014		
ľ	Name of Federal Candidate		Sup	Office Sough	fice Sought: House District: 00					
	Ms. Mary L Landrieu		X Opp	ose	Presid	ent $\sum$	Senate	State: LA	-	
	Calendar Year-To-Date Per Election for Office Sought		92374.10		Disbursemer 2014	it For: other (sp	Primary ecify) •	X General		
				·						
(	a) SUBTOTAL of Itemized Independent Expenditures.				<b>•</b> .		7	25.70		
(	b) SUBTOTAL of Unitemized Independent Expenditure	əs			•	-		1.4		
(	c) TOTAL Independent Expenditures				· [					
٧	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized								
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	08 /	21	2014	Y		
	Signature		_							

Sc	chedule E)	LAI LITE.	101120				PAGE 49 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	-				FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
 Che	eck if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
Т	Full Name of Payee				Date	of Publi	c Distribution/Dissemination
	Billy Martin					M M M	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 250 JS Brewton rd				Amo	unt	
ŀ	City	State	Zip Code		$  $ $\Gamma$		60.00
Ì	goldonna	LA	71031				ID: 28f97ada-1df7-48ec-b ursement or Obligation
Ì	Purpose of Expenditure Salary		Category/ Type	001		M M 08	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ì	Name of Federal Candidate		<u> </u>	Support	Office Soug	ıht:	House District:00
	Ms. Mary L Landrieu			Oppose	Presi	·	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		92374.10		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee				Date	of Publi	ic Distribution/Dissemination
Ì	Billy Martin					08	19 2014
	Mailing Address 250 JS Brewton rd				Amo	ount	
1	City	State	Zip Code		$ \Gamma$		5.40
Ì	goldonna	LA	71031		<b>Trans</b> Date	saction II	D : fc1fd8e7-6862-4128-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			M M M	19 2014
Ì	Name of Federal Candidate			Support	Office Soug	ght:	House District:00
	Ms. Mary L Landrieu		X	Oppose	Presi	dent	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	,	92374.10	0	Disburseme 2014	ent For: Other (sp	Primary X General pecify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures.						65.40
							7 7
(	(b) SUBTOTAL of Unitemized Independent Expenditure	'es			· • L	-	7
(	(c) TOTAL Independent Expenditures				· •		
٧	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 08	21	/ Y Y Y Y Y Y 2014
	Signature		_	2410		_	

Schedule E)	Of 111021 211221		1101120		PAGE 50 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In I					FEC IDENTIFICATION NUMBER ▼
Women Speak Out	PAC				C C00530766
Check if 24-hour report	X 48-hour report	New rep	ort Amends rep	oort filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Danelle M Haller	nbeck				of Public Distribution/Dissemination
Mailing Address 2103 Mi	illcroft Rd			Amou	08 19 2014
Oir.		Otato	7:- O-4s		65.00
City Pleasant Garden		State NC	Zip Code 27313		65.00 saction ID : f9518e15-227d-41d4-8 of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001		08 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candida	ate		Support	Office Sough	ht: House District: 00
Ms. Kay Hagan			Oppose	Presid	NC NC
Calendar Year-To-Da Per Election for Office		, , , , 2	245456.61	Disbursement 2014	nt For:
Full Name of Payee Danelle M Hallent  Mailing Address 2103	Deck Millcroft Rd			_	of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code		46.20
Pleasant Garden		NC	27313	<b>Trans</b> Date	action ID : 9cb9d0f1-75db-41bd-a of Disbursement or Obligation
Purpose of Expenditure Mileage			Category/ Type 002		08 19 2014
Name of Federal Candid	ate		Support	Office Soug	ht: House District: 00
Ms. Kay Hagan			Oppose	Presid	
Calendar Year-To-Da Per Election for Offi		7 7	245456.61	Disburseme 2014	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemize	d Independent Expenditur	es		>	111.20
(b) SUBTOTAL of Unitem	ized Independent Expendi	tures		··· •	7 1 7 1 5
(c) TOTAL Independent E	xpenditures			··· <b>\</b>	7
	suggestion of, any candida	ate or authorized			cooperation, consultation, or concert f the reporting entity is not a political
Ms. Emily Buc	hanan	[Electron	ically Filed] Dai	te 08	21 2014
Signature					

Schedule E)	DENT EXPEND	TIONES	PAGE 51 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New re	port Amends repo	t filed on
Full Name of Payee Marysol Netro			Date of Public Distribution/Dissemination
Mailing Address 312 S Gunter St			08
City	State	Zip Code	70.00
Siloam Springs	AR	72761	Transaction ID : b0bbeba5-4289-4c58-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	60241.65	Disbursement For:
Full Name of Payee Marysol Netro			Date of Public Distribution/Dissemination
			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 312 S Gunter St			Amount
City	State	Zip Code	6.00
Siloam Springs	AR	72761	Transaction ID: 13a5141e-8a4b-435e-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		60241.65	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		76.00
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	IVI EXI EIVE	TI OTILO	PAGE 52 OF 63 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC  C coo530766						
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on			
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination			
Mailing Address 1103 West Wilson Street			08 19 2014 Amount			
City	State	Zip Code	60.00			
Ville Platte	LA	70586	Transaction ID : 6ef2c89f-e893-4993-a Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Mary L Landrieu		Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	7	92374.10	Disbursement For: Primary General 2014 Other (specify) ▶			
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination			
Mailing Address 1103 West Wilson Street			08 19 2014			
			Amount			
City	State	Zip Code	32.10			
Ville Platte	LA	70586	Transaction ID : a85bc03e-0241-4a64-b  Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	08 / 19 / 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Mary L Landrieu		Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	7 7	92374.10	Disbursement For:  Primary  General 2014  General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		92.10			
(b) SUBTOTAL of Unitemized Independent Expen	ditures					
			7 7 7			
(c) TOTAL Independent Expenditures			<b>&gt;</b>			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 21 2014			
g.i.a.a.i.o						

Sch	nedule E)	LIVE					PAGE 53 OF 63 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Ame	nds repo	rt filed on	M = M	/ D = D / Y = Y = Y
	Full Name of Payee				Dat	e of Publi	c Distribution/Dissemination
	Christine Stevens					08 N	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 100 Asbury Ct				Am	ount	
	City State		Zip Code		- $ $ $ $ $ $		30.00
- 1	Winchester VA		22602				ID: 74acc23a-11b4-413d-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M M	19 2014
1	Name of Federal Candidate		Sı	upport	Office Sou	aht:	House District: 00
	Ms. Kay Hagan			ppose			Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	245456.61		Disbursem 2014	ent For: Other (sp	Primary
	Full Name of Payee				Dat	e of Publi	ic Distribution/Dissemination
	Rodney O Culbreath					M M	/ D D / Y Y Y Y Y
	Mailing Address 100 Asbury Ct					08	19 2014
	100 Assury Ct				Am	ount	
(	City State		Zip Code				30.00
	Winchester VA		22602		Trar Dat	saction II e of Disb	D: db9e2c81-1bb1-4599-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08 08	19 2014
1	Name of Federal Candidate		S	upport	Office Sou	ıght:	House District: 00
	Ms. Kay Hagan		Xo	ppose	Pres	sident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		245456.61		Disbursem 2014	ent For: Other (sp	Primary X General pecify) ▶
(a	substitution () SUBTOTAL of Itemized Independent Expenditures				· •		60.00
(b	o) SUBTOTAL of Unitemized Independent Expenditures				· •		7 1 4
(с	e) TOTAL Independent Expenditures				•		
wi	nder penalty of perjury I certify that the independent expetith, or at the request or suggestion of, any candidate or autry committee) any political party committee or its agent.						
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	M = M 08	/ 21	/ Y Y Y Y Y 2014
	Signature		_				

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Rodney D Culbreth	08 19 2014
Mailing Address 100 Asbury CT  3200 Dam Neck Rd	Amount
City State Zip Code	30.00
Winchester VA 22602	Transaction ID: 4e3e24ce-26f1-4b65-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	08 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	ice Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Dis 245456.61	sbursement For: Primary X General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Rze Culbreath	08 19 2014
Mailing Address 100 Asbury Ct	Amount
City State Zip Code	30.00
Winchester VA 22602	Transaction ID : ee5e5ef6-fa26-4c3e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	fice Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
	Sbursement For:  Primary  General  14 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	08 21 2014
Signature	

PAGE

OF

63

Schedule E)	<b>L</b> /(1 <b>L</b> )(12)	1101120		PAGE 55 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y T Y T Y
Full Name of Payee Jazmine d Conner				Public Distribution/Dissemination
Mailing Address 100 ASBURY CT				08 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			Amoun	t
City	State	Zip Code		20.00
WINCHESTER	VA	22602		ction ID: 0ea028de-d15c-48f0-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	245456.61	Disbursement 2014 Oth	For: Primary
Full Name of Payee Jon E Conner			Date o	f Public Distribution/Dissemination
JOH E COHNEI				08 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amoun	
City	State	Zip Code		20.00
Winchester	VA	22602	Transac Date o	tion ID : 566b58a5-f515-4c71-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	08 / 19 / 2014
Name of Federal Candidate		Support	Office Sought	House District: 00
Ms. Kay Hagan		Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	245456.61	Disbursement 2014 Ott	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	\$			40.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1
			-	
(c) TOTAL Independent Expenditures			•	45 45 1
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	08	21 2014
Signature		_		

Schedule E)	ENT EXILIN	DITORILO	PAGE 56 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee Elizabeth DeMaine			Date of Public Distribution/Dissemination
Mailing Address 75 Stephenson Ln			08 19 2014 Amount
City	State	Zin Codo	50.00
Sheridan	AR	Zip Code 72143	Transaction ID : 05b83b17-cdc3-4431-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		60241.65	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee Elizabeth DeMaine			Date of Public Distribution/Dissemination
Mailing Address 75 Stephenson Ln			08 19 2014 Amount
City	State	Zip Code	34.20
Sheridan	AR	72143	Transaction ID : 9eb9e4e2-d03d-4e5a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	60241.65	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		84.20
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.g.iataro			

Sch	nedule E)	L/11 -1.12.	TOTILO		PAGE 57 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Amends	report filed	on M M / D D / Y Y Y Y Y
T	Full Name of Payee Phillip Williams	,			Date of Public Distribution/Dissemination
	Mailing Address 3007 Darden Rd				08 19 2014 Amount
H	City	State	Zip Code		85.00
	Greensboro	NC	27407		Transaction ID: 08ef21e0-486d-4f0b-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	08 19 2014
	Name of Federal Candidate		Suppor	rt Office	Sought: House District: 00
	Ms. Kay Hagan		X Oppose		President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	245456.61	Disbu 2014	rsement For: Primary X General  Other (specify) ▶
	Full Name of Payee Phillip Williams				Date of Public Distribution/Dissemination  M M M
	Mailing Address 3007 Darden Rd				Amount
	City	State	Zip Code		33.00
	Greensboro	NC	27407		Transaction ID: 045ed035-23f6-406e-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 0	002	08 / 19 / 2014
	Name of Federal Candidate		Suppoi	rt Office	e Sought: House District: 00
	Ms. Kay Hagan		X Oppose	e	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, ,	245456.61	Disbu 2014	orsement For: Primary X General  Other (specify) ▶
(8	a) SUBTOTAL of Itemized Independent Expenditures.	j		······ Þ	118.00
(k	b) SUBTOTAL of Unitemized Independent Expenditur	res		······ <b>&gt;</b>	
(0	c) TOTAL Independent Expenditures			······ <b>&gt;</b>	
W	Inder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ac	e or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed]	Date 08	8 21 2014
	Signature				

Sched	ule E)				PAGE 58 OF 63 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Be	Name of Payee everly Williams				of Public Distribution/Dissemination
Maili	ing Address 3007 Darden Rd			Amou	08 19 2014 nt
City		State	Zip Code		85.00
	eensboro	NC	27407		action ID : e9b044ae-f00a-4157-b of Disbursement or Obligation
Purp Sala	oose of Expenditure ary		Category/ Type 001		08
Nam	ne of Federal Candidate		Support	Office Sough	t: House District:00
Ms.	Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		245456.61	Disbursemen 2014 O	t For:  Primary
Je <sup>-</sup>	Name of Payee ffrey Hampton				of Public Distribution/Dissemination
Maii	ing Address 1700 E Part Ave			Amou	nt
City		State	Zip Code		30.00
	arcy	AR	72149	Transa Date	oction ID: 0d88f6c6-3e17-4063-9 of Disbursement or Obligation
Sal	pose of Expenditure lary		Category/ Type 001	N	08 / 19 / 2014
Nam	ne of Federal Candidate		Support	Office Sough	it: House District: 00
Mr.	Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	7	60241.65	Disbursemen 2014	t For: Primary X General ther (specify) ▶
(a) S	UBTOTAL of Itemized Independent Expenditure	S			115.00
(b) S	UBTOTAL of Unitemized Independent Expenditu	ures		•	
(c) T	OTAL Independent Expenditures			· [	
with,	r penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 08	21 2014
Si	gnature				

Sch	nedule E)	EXI ENDI	101120		PAGE 59 OF 63 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Amends	report filed	on M M / D D / Y Y Y Y Y
T	Full Name of Payee Jeffrey Hampton				Date of Public Distribution/Dissemination
1	Mailing Address 1700 E Part Ave				08 19 2014 Amount
	City Searcy	State AR	Zip Code 72149		Transaction ID: c5c61917-8180-4e98-9
	Purpose of Expenditure Mileage		Category/ Type	002	Date of Disbursement or Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Suppor	rt Office	Sought: House District: 00
	Mr. Mark L Pryor		X Oppose		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		60241.65	Disbut 2014	rsement For: Primary X General  Other (specify) ▶
	Full Name of Payee Wayne Burckel				Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 46 Glenwood Ave				Amount 19 2014
-	City	State	Zip Code		25.00
	Harahan	LA	70123		Transaction ID : abed6421-7719-4b8c-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 0	001	08 19 / 2014
	Name of Federal Candidate		Suppor	ort Office	Sought: House District: 00
	Ms. Mary L Landrieu		X Oppos		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		92374.10	Disbu 2014	orsement For: Primary X General  Other (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures.	·		······ <b>&gt;</b>	37.87
(k	b) SUBTOTAL of Unitemized Independent Expenditure	res		······ <b>&gt;</b>	
(0	c) TOTAL Independent Expenditures			······ <b>&gt;</b>	
W	Inder penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ac	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed]	Date 08	8 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_		

Schedule E)		1101120		PAGE 60 OF 63 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour rep	port New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee  Morgan E Hallenbeck			M = M	lic Distribution/Dissemination
Mailing Address 3790 Christian Light Rd			08 Amount	19 2014
City	State	Zip Code		75.00
Fuquay Varina	NC	27526		ID: fcc5cd48-15d4-45cd-b oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 08	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	245456.61	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee Morgan E Hallenbeck  Mailing Address 3790 Christian Light Rd			Date of Pub  M 08  Amount	olic Distribution/Dissemination
City	State	Zip Code		40.80
Fuquay Varina	NC	27526		ID: 1ace3d76-dd73-483a-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 08	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		245456.61	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Ex	penditures		<b>,</b>	115.80
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	08 21	2014
Signature				

Schedule E)	INI EXI END	TIONES	PAGE 61 OF FOR SE OF FORM	63 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUM	/IBER ▼	
Women Speak Out PAC			C C00530766		
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	" Y " Y	
Full Name of Payee			Date of Public Distribution/Dissem	ination	
Serena A Jones				)14	
Mailing Address 7151 Mullins Drive			Amount		
City	State	Zip Code		50.00	
Saltville	VA	24370	Transaction ID: 91dd53ba-5f02-4 Date of Disbursement or Obligatio		
Purpose of Expenditure Salary		Category/ Type 001		014	
Name of Federal Candidate		Support	Office Sought: House District:	00	
Ms. Kay Hagan		X Oppose	President Senate State:	NC	
Calendar Year-To-Date Per Election for Office Sought	, , ,	245456.61	Disbursement For: ☐ Primary ☐ Primary ☐ Other (specify) ▶	General	
Full Name of Payee			Date of Public Distribution/Dissem	ination	
Serena A Jones				014	
Mailing Address 7151 Mullins Drive			Amount		
City	State	Zip Code		24.90	
Saltville	VA	24370	Transaction ID : 8a4ad242-bfa5-47 Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	M - M / D - D / Y - Y	)14	
Name of Federal Candidate		Support	Office Sought: House District:	00	
Ms. Kay Hagan		X Oppose	President Senate State:	NC	
Calendar Year-To-Date Per Election for Office Sought		245456.61	Disbursement For:  Primary  X 2014  Other (specify) ▶	General	
(a) SUBTOTAL of Itemized Independent Expendi	tures		74	l.90	
			7 7	-	
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>	4	
(c) TOTAL Independent Expenditures			<b>•</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

Schedule E)	INT EXTEND	TIONES	PAGE 62 OF FOR SE OF FORM 24	63 4/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUME	BER ▼	
Women Speak Out PAC			C C00530766		
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	t filed on	Y	
Full Name of Payee			Date of Public Distribution/Dissemina	ation	
Serena A Jones			08 / 13 / Y Y Y 2014	Y	
Mailing Address 7151 Mullins Drive			Amount		
City	State	Zip Code	7	0.00	
Saltville	VA	24370	Transaction ID : 201acbcb-9fb4-486 Date of Disbursement or Obligation	cb-b	
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y 201		
Name of Federal Candidate		Support	Office Sought: House District: _	00	
Ms. Kay Hagan		X Oppose	President State:	NC	
Calendar Year-To-Date Per Election for Office Sought		245456.61	Disbursement For: ☐ Primary ☐ G 2014 ☐ Other (specify) ▶	eneral	
Full Name of Payee			Date of Public Distribution/Dissemina	ation	
Serena A Jones			08 13 201	4 Y	
Mailing Address 7151 Mullins Drive			Amount		
City	State	Zip Code	27	.00	
Saltville	VA	24370	Transaction ID : ece54de8-a8da-456 Date of Disbursement or Obligation	7-9	
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y 201		
Name of Federal Candidate		Support	Office Sought: House District:	00	
Ms. Kay Hagan		Oppose	President Senate State: _	NC	
Calendar Year-To-Date Per Election for Office Sought	7	245456.61	Disbursement For: Primary 2014 Other (specify) ▶	ieneral	
(a) SUBTOTAL of Itemized Independent Expend	tures		97.0	0	
(b) SUBTOTAL of Unitemized Independent Expe	nditures		·		
(c) TOTAL Independent Expenditures			·		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08		

· · · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Ralph Smith	08 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd	Amount
City State Zip Code	80.00
Mt. Airy NC 27030	Transaction ID : edf404b6-8fda-4ea4-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	M 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 245456.61  Disbut 2014	ursement For: Primary
Full Name of Payee	
Ralph Smith	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd	Amount
City State Zip Code	28.74
Mt. Airy NC 27030	Transaction ID: 7863ab6e-231e-45d8-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	08 / 19 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbute 245456.61	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	108.74
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	4350.17
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date	NM / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE

63

OF

63